MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)	10/031064	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3		2						53						
4								54						
5								55						
6								56						
7								57						
8								58						
9								59						
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12								62						
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41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL	1							TOTAL IND.						
TOTAL	9							TOTAL DEP.						
TOTAL CLAIMS	10							TOTAL CLAIMS						

PTO-1360